

V. S. No. 2
 10M-5-42
 5-17-39
 PI X32B73

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 943
 Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County...
 (b) City or town... ST LOUIS MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 CITY HOSPITAL NO 1 -
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution... 5 DAYS
 In this community... LIFE
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME... MARY CIBULKA

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex... FEMALE 5. Color or race... WHITE 6. (a) Single, widowed, married, divorced... MARRIED
 6. (b) Name of husband or wife... GEORGE CIBULKA 6. (c) Age of husband or wife if alive... 86 years
 7. Birth date of deceased... MARCH 19 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 79 10 9 hr. min.

9. Birthplace... ST LOUIS MO 0
 (City, town, or county) (State or foreign country)

10. Usual occupation... HOUSEWIFE

11. Industry or business... AT HOME

12. Name... CASPER VANDAS

13. Birthplace... BOHEMIA 8
 (City, town, or county) (State or foreign country)

14. Maiden name... JOHANNA MATOUSEK 8

15. Birthplace... BOHEMIA 8
 (City, town, or county) (State or foreign country)

16. (a) Informant... GEORGE CIBULKA

(b) Address... 2319 SIDNEY ST

17. (a) BURIAL (b) Date thereof... FEB 1-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... CHS. S. PETER & PAUL

18. (a) Signature of funeral director... J. F. Bredek

(b) Address... 2906 Harris Ave

19. (a) JAN 29 1943 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... 000
 (c) City or town... ST. LOUIS 123
 (If outside city or town limits, write "RURAL")
 (d) Street No... 2319 SIDNEY ST 923
 (If rural, give location)
 (e) Citizen of foreign country?... (Yes or No)
 If yes, name country... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28
 year 1943 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from January 23, 1943, to January 28, 1943;

that I last saw him or her alive on January 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death... Myocardial failure
 Chr. Myocarditis
 Due to general debility
 Duration 2 weeks

Due to... 1 yr

Due to...

Other conditions...
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations...

Of autopsy... none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)...

(b) Date of occurrence...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury...

23. Signature... J. Marshall (M. D. or other)...

Address... 1515 Lafayette Avenue Date signed 2/29/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 2906 Garois.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.